101.			Approved for use through	12-04) 17/31/2006. OMB 0651-0031				
408	U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless if displays a valid OMB control number.							
APR 1 1 2006	DETITION FOR EVIENSION OF TIME LINDER	Docket Number (Optional)						
% E/	1 1 2003	60803 (49381)						
THE PROPERTY OF	(Fees pursuant to the Consolidated Appropriations Act		F9-3	5.0004				
A PARTY OF THE PAR	Application Number 10/773,809-Conf.			ruary 5, 2004				
٠	SOLID STATE IMAGING DEVICE, SEMICO For OF SOLID STATE IMAGING DEVICE FABR FABRICATION							
	Art Unit 2814		Examiner	W. S. Louie				
•	This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.							
	red and enter the appr	opriate fee below):						
		<u>Fee</u>	Small Entity Fee					
	X One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00				
	Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$				
	Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$				
×-	Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$				
ř	Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$				
	Applicant claims small entity status. See 37 CFR 1.27.							
	A check in the amount of the fee is enclosed.  Payment by credit card. Form PTO-2038 is attached.							
	The Director has already been authorized to charge fees in this application to a Deposit Account.							

am the		applicant/inventor.				
		assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
	X	attorney or agent of record. Registration Number	55,854			
		attorney or agent under 37 CFR 1.34.				
		Registration number if acting under 37 CFR 1.34				
Scotts Vostar			April 11, 2006			
		Signature	Date			
Scott B. Weston		Scott B. Weston	(617) 517-5567			
		Typed or printed name	Telephone Number			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

forms are submitted.

The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1105 I have enclosed a duplicate copy of this sheet.

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/773,809-Conf. #8452 Application Number **FEE TRANSMITTAL** February 5, 2004 Filing Date For FY 2006 First Named Inventor Kazuya Fujita **Examiner Name** W. S. Louie 2814 Applicant claims small entity status. See 37 CFR 1.27 Art Unit 60803 (49381) TOTAL AMOUNT OF PAYMENT 120.00 Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): x Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayment of Credit any overpayments fee(s) under 37 CFR 1.16 and 1.17 FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.) 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES** Small Entity Small Entity **Small Entity Application Type** Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 200 100 Utility 300 150 500 250 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 300 500 250 600 300 Reissue 150 Provisional 200 100 0 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) Fee Description Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 180 360 **Total Claims** Extra Claims Fee Paid (\$) **Multiple Dependent Claims** Fee (\$) 29 Fee (\$) Fee Paid (\$) - 47 = HP = highest numer of total claims paid for, if greater than 20. Indep. Claims **Extra Claims** Fee Paid (\$) Fee (\$) - 12 = HP = highest numer of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) Extra Sheets Fee (\$) - 100 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$)

SUBMITTED BY	- 10				
Signature	Scott 13. Dest	Registration No. (Attorney/Agent)	55,854	Telephone	(617) 517-5567
Name (Print/Type)	Scott B. Weston			Date	April 11, 2006

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month